

KDADS Form FAI-001 12/01/2012

|  |                       |                   |           |  |                   |               |               |                          |              |
|--|-----------------------|-------------------|-----------|--|-------------------|---------------|---------------|--------------------------|--------------|
| Customer Name  |                       |                   |           |  | Date              |               |               |                          |              |
| <b>Functional Assessment Instrument Scoring</b>                        |                       |                   |           |  |                   |               |               |                          |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Definition of Code for Cognition</b>                                |                       | <b>Code Scale</b> |           | <b>Multiplier Guide</b>  |                   |               |               |                          |              |
| No impairment  |                       | 0                 |           | 0  |                   |               |               |                          |              |
| Impairment   |                       | 1                 |           | 1  |                   |               |               |                          |              |
| Unable to Test   |                       | 9                 |           | 0  |                   |               |               |                          |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Cognition</b>   | <b>Cognition Code</b> |                   |           |  | <b>Multiplier</b> |               | <b>Weight</b> |                          | <b>Total</b> |
| Orientation (day of week, month, year, President)                      |                       |                   |           |  | X                 |               | 2             | =                        |              |
| 3-Word Recall (pen, car, watch)  |                       |                   |           |  | X                 |               | 2             | =                        |              |
| Spelling Backward (table)  |                       |                   |           |  | X                 |               | 2             | =                        |              |
| Clock Draw (all #'s, spacing of #'s, hands at 11:10)                   |                       |                   |           |  | X                 |               | 2             | =                        |              |
|  |                       |                   |           |  |                   |               |               | Sum of Cognition Score   |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Definition of Code for ADL's and IADL's</b>                         |                       | <b>Code Scale</b> |           | <b>Multiplier Guide</b>  |                   |               |               |                          |              |
| Independent  |                       | 1                 |           | 0  |                   |               |               |                          |              |
| Supervision Needed   |                       | 2                 |           | 1  |                   |               |               |                          |              |
| Physical Assistance Needed   |                       | 3                 |           | 1  |                   |               |               |                          |              |
| Unable to Perform  |                       | 4                 |           | 2  |                   |               |               |                          |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Activities of Daily Living</b>                                      | <b>ADL Code</b>       |                   |           |  | <b>Multiplier</b> |               | <b>Weight</b> |                          | <b>Total</b> |
| Bathing  |                       |                   |           |  | X                 |               | 4             | =                        |              |
| Dressing   |                       |                   |           |  | X                 |               | 3             | =                        |              |
| Toileting  |                       |                   |           |  | X                 |               | 5             | =                        |              |
| Transferring   |                       |                   |           |  | X                 |               | 5             | =                        |              |
| Walking, Mobility  |                       |                   |           |  | X                 |               | 3             | =                        |              |
| Eating   |                       |                   |           |  | X                 |               | 4             | =                        |              |
|  |                       |                   |           |  |                   |               |               | Sum of ADL scores        |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Instrumental Activities of Daily Living</b>                         | <b>IADL Code</b>      |                   |           |  | <b>Multiplier</b> |               | <b>Weight</b> |                          | <b>Total</b> |
| Meal Preparation   |                       |                   |           |  | X                 |               | 5             | =                        |              |
| Shopping   |                       |                   |           |  | X                 |               | 3             | =                        |              |
| Money Management   |                       |                   |           |  | X                 |               | 4             | =                        |              |
| Transportation   |                       |                   |           |  | X                 |               | 3             | =                        |              |
| Use of Telephone   |                       |                   |           |  | X                 |               | 3             | =                        |              |
| Laundry, Housekeeping  |                       |                   |           |  | X                 |               | 3             | =                        |              |
| Medication Management, Treatment                                       |                       |                   |           |  | X                 |               | 5             | =                        |              |
|  |                       |                   |           |  |                   |               |               | Sum of IADL scores       |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Bladder/Bowel Continence: (code current performance for client)</b> |                       | <b>Yes</b>        | <b>No</b> |  |                   |               |               |                          |              |
| Continent ( <i>do not multiply out</i> )                               |                       |                   |           | If customer has any difficulty in the continence category, enter 5 at total: |                   |               |               |                          |              |
| Usually Continent  |                       |                   |           |  |                   |               |               |                          |              |
| Occasionally Incontinent   |                       |                   |           |  |                   |               |               |                          |              |
| Frequently Incontinent   |                       |                   |           | <b>Multiplier</b>  |                   | <b>Weight</b> |               | <b>Total</b>             |              |
| Incontinent  |                       |                   |           | 1  | X                 | 5             | =             |                          |              |
|  |                       |                   |           |  |                   |               |               | Sum of Continence scores |              |
|  |                       |                   |           |  |                   |               |               |                          |              |
| <b>Sum Total Score of all Cognition, ADL, IADL and Continence</b>      |                       |                   |           |  |                   |               |               |                          |              |
|  |                       |                   |           |  |                   |               |               |                          |              |

A large, empty circle with a thin black outline, centered on the page. It occupies most of the width and height of the drawing area.

| Customer Name  |   |        |   |       | Date              |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
|--|---|--------|---|-------|-------------------|----|--|--|--------------------|------------|--------|--------|-------|-------|---|---|---|---|--|
| <b>Functional Assessment Instrument Scoring</b>                        |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| <b>Definition of Code for Cognition</b>                                |   |        |   |       | <b>Code Scale</b> |    | <b>Multiplier Guide</b>  |  |                    |            |        |        |       |       |   |   |   |   |  |
| No impairment <b>or</b> Not in a Comatose, persistent vegetative state |   |        |   |       | 0                 |    | 0  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Impairment <b>or</b> In a Comatose, persistent vegetative state        |   |        |   |       | 1                 |    | 2  |  |                    |            |        |        |       |       |   |   |   |   |  |
| <b>Cognition</b>   |   |        |   |       | Cognition Code    |    | If customer has any difficulty in the Comatose, persistent vegetative state <b>OR</b> Memory Recall category, enter 8 at total:  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Comatose, persistent vegetative state                                  |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Memory Recall:   |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Short-term memory  |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Long-term memory   |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Memory/Recall  |   |        |   |       |                   |    | <table border="1"> <tr> <th colspan="2">Multiplier</th> <th colspan="2">Weight</th> <th>Total</th> </tr> <tr> <td>2</td> <td>X</td> <td>4</td> <td>=</td> <td></td> </tr> </table> |  |                    | Multiplier |        | Weight |       | Total | 2 | X | 4 | = |  |
| Multiplier   |   | Weight |   | Total |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| 2  | X | 4      | = |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
|  |   |        |   |       |                   |    | Sum of Cognition Score   |  |                    |            |        |        |       |       |   |   |   |   |  |
| <b>Definition of Code for ADL's and IADL's</b>                         |   |        |   |       | <b>Code Scale</b> |    | <b>Multiplier Guide</b>  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Independent  |   |        |   |       | 1                 |    | 0  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Supervision Needed   |   |        |   |       | 2                 |    | 1  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Physical Assistance Needed   |   |        |   |       | 3                 |    | 1  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Unable to Perform  |   |        |   |       | 4                 |    | 2  |  |                    |            |        |        |       |       |   |   |   |   |  |
| <b>Activities of Daily Living</b>                                      |   |        |   |       | ADL Code          |    | Multiplier   |  | Weight             | Total      |        |        |       |       |   |   |   |   |  |
| Bathing  |   |        |   |       |                   |    | X  |  | 4                  | =          |        |        |       |       |   |   |   |   |  |
| Dressing   |   |        |   |       |                   |    | X  |  | 3                  | =          |        |        |       |       |   |   |   |   |  |
| Toileting  |   |        |   |       |                   |    | X  |  | 5                  | =          |        |        |       |       |   |   |   |   |  |
| Transferring   |   |        |   |       |                   |    | X  |  | 5                  | =          |        |        |       |       |   |   |   |   |  |
| Walking, Mobility  |   |        |   |       |                   |    | X  |  | 3                  | =          |        |        |       |       |   |   |   |   |  |
| Eating   |   |        |   |       |                   |    | X  |  | 4                  | =          |        |        |       |       |   |   |   |   |  |
|  |   |        |   |       |                   |    |  |  | Sum of ADL scores  |            |        |        |       |       |   |   |   |   |  |
| <b>Instrumental Activities of Daily Living</b>                         |   |        |   |       | IADL Code         |    | Multiplier   |  | Weight             | Total      |        |        |       |       |   |   |   |   |  |
| Meal Preparation   |   |        |   |       |                   |    | X  |  | 5                  | =          |        |        |       |       |   |   |   |   |  |
| Shopping   |   |        |   |       |                   |    | X  |  | 3                  | =          |        |        |       |       |   |   |   |   |  |
| Money Management   |   |        |   |       |                   |    | X  |  | 4                  | =          |        |        |       |       |   |   |   |   |  |
| Transportation   |   |        |   |       |                   |    | X  |  | 3                  | =          |        |        |       |       |   |   |   |   |  |
| Use of Telephone   |   |        |   |       |                   |    | X  |  | 3                  | =          |        |        |       |       |   |   |   |   |  |
| Laundry, Housekeeping  |   |        |   |       |                   |    | X  |  | 3                  | =          |        |        |       |       |   |   |   |   |  |
| Medication Management, Treatment                                       |   |        |   |       |                   |    | X  |  | 5                  | =          |        |        |       |       |   |   |   |   |  |
|  |   |        |   |       |                   |    |  |  | Sum of IADL scores |            |        |        |       |       |   |   |   |   |  |
| <b>Bladder/Bowel Continence:</b> (code current performance for client) |   |        |   |       | Yes               | No | If customer has any difficulty in the continence category, enter 5 at total:   |  |                    |            |        |        |       |       |   |   |   |   |  |
| Continent ( <i>do not multiply out</i> )                               |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Usually Continent  |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Occasionally Incontinent   |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Frequently Incontinent   |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| Incontinent  |   |        |   |       |                   |    | <table border="1"> <tr> <th colspan="2">Multiplier</th> <th colspan="2">Weight</th> <th>Total</th> </tr> <tr> <td>1</td> <td>X</td> <td>5</td> <td>=</td> <td></td> </tr> </table> |  | Multiplier         |            | Weight |        | Total | 1     | X | 5 | = |   |  |
| Multiplier   |   | Weight |   | Total |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
| 1  | X | 5      | = |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |
|  |   |        |   |       |                   |    | Sum of Continence scores   |  |                    |            |        |        |       |       |   |   |   |   |  |
| <b>Sum Total Score of all Cognition, ADL, IADL and Continence</b>      |   |        |   |       |                   |    |  |  |                    |            |        |        |       |       |   |   |   |   |  |

|  |                                |                                       |                                    |                              |  |           |        |   |       |
|--|--------------------------------|---------------------------------------|------------------------------------|------------------------------|--|-----------|--------|---|-------|
| Customer Name  |                                |                                       |                                    |                              | Date   |           |        |   |       |
| <b>Risks: Current or Recent Problems (check all that apply)</b>  |                                |                                       |                                    |                              |  |           |        |   |       |
|  |                                |                                       |                                    | Yes / No                     | Multiplier   |           | Weight |   | Total |
| Falls  | Last 1 month                   | Last 6 month total                    |                                    |                              | 1  | X         | 3      | = |       |
| <input type="checkbox"/> Neglect   | <input type="checkbox"/> Abuse | <input type="checkbox"/> Exploitation | <input type="checkbox"/> By others | <input type="checkbox"/> N/A | 1  | X         | 5      | = |       |
| Informal Support – check appropriate choice  |                                |                                       |                                    |                              | If customer has difficulty in the informal support category, enter 4 at total: |           |        |   |       |
| Yes – there is support <i>(do not multiply out)</i>  |                                |                                       |                                    |                              |  |           |        |   |       |
| Inadequate   |                                |                                       |                                    |                              | Multiplier   |           | Weight |   | Total |
| No – there is no support   |                                |                                       |                                    |                              | 1  | X         | 4      | = |       |
| <b>Behavior:</b> Check the appropriate choice(s) if any difficulty   |                                |                                       |                                    |                              | If customer has difficult in any behavior category, enter 5 at total:          |           |        |   |       |
| Wandering  |                                |                                       |                                    |                              |  |           |        |   |       |
| Socially Inappropriate/Disruptive  |                                |                                       |                                    |                              | Multiplier   |           | Weight |   | Total |
| Decision Making/Judgment   |                                |                                       |                                    |                              | 1  | X         | 5      | = |       |
| <b>Impairment:</b>   |                                |                                       |                                    |                              |  |           |        |   |       |
| Impaired Vision  |                                |                                       |                                    |                              |  |           |        |   |       |
| Impaired Hearing   |                                |                                       |                                    |                              |  |           |        |   |       |
|  |                                |                                       |                                    |                              | Sum of Risk scores   |           |        |   |       |
| <b>Total Score of all Cognition, ADL, IADL and RISKS for Threshold Guide</b>   |                                |                                       |                                    |                              |  |           |        |   |       |
|  |                                |                                       |                                    |                              |  |           |        |   |       |
| <b>Crisis Exception (PD Waiver Only)</b>   |                                |                                       |                                    | Yes                          | No   | Comments: |        |   |       |
| DCF APS confirmed abuse, neglect, or exploitation case   |                                |                                       |                                    |                              |  |           |        |   |       |
| There is a risk of family unit dissolution (break-up) involving minor dependent child or dependent spouse                              |                                |                                       |                                    |                              |  |           |        |   |       |
| Individual is in the end stages of a terminal illness, and life expectancy is documented by a physician to be less than six (6) months |                                |                                       |                                    |                              |  |           |        |   |       |
| Individual is the victim of domestic violence  |                                |                                       |                                    |                              |  |           |        |   |       |
| Comments:  |                                |                                       |                                    |                              |  |           |        |   |       |

|  |  |                           |  |   |  |                  |  |
|--|--|---------------------------|--|---|--|------------------|--|
| Customer Name  |  |                           |  | Date  |  |                  |  |
| <b>Definition of Code for Cognition</b>                                |  |                           |  |   |  |                  |  |
| No impairment <b>or</b> Not in a Comatose, persistent vegetative state |  |                           |  | Code Scale  |  | Multiplier Guide |  |
| Impairment <b>or</b> In a Comatose, persistent vegetative state        |  |                           |  | 0   |  | 0                |  |
|  |  |                           |  | 1   |  | 2                |  |
| <b>Cognition</b>   |  |                           |  |   |  |                  |  |
| Comatose, persistent vegetative state                                  |  | Cognition Code            |  | If customer has any difficulty in the Comatose, persistent vegetative state <b>OR</b> Memory Recall category, enter 8 at total: |  |                  |  |
| Memory Recall:   |  |                           |  |   |  |                  |  |
| Short-term memory  |  |                           |  |   |  |                  |  |
| Long-term memory   |  |                           |  |   |  |                  |  |
| Memory/Recall  |  |                           |  | Multiplier  |  | Weight           |  |
|  |  |                           |  | 2   |  | X                |  |
|  |  |                           |  | 4   |  | =                |  |
|  |  |                           |  | Sum of Cognition Score  |  |                  |  |
| <b>Definition of Code for Cognition Deficits, ADL's and IADL's</b>     |  |                           |  |   |  |                  |  |
| No Problem   |  | Code Scale                |  | Definition of Code for Cognition Deficits, ADL's and IADL's   |  | Code Scale       |  |
| Minimal Problems   |  | 0                         |  | Moderate Problems   |  | 4                |  |
| Mild Problems  |  | 1                         |  | Moderate to Severe Problems   |  | 5                |  |
| Mild to Moderate Problems  |  | 2                         |  | Severe Problems   |  | 6                |  |
|  |  | 3                         |  |   |  |                  |  |
| <b>Cognition Deficits</b>  |  |                           |  |   |  |                  |  |
| Attention and Concentration  |  | Cognition Code            |  | Multiplier  |  |                  |  |
| Comments:  |  |                           |  | Total   |  |                  |  |
| Learning and Memory  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Judgment and Perception  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Initiation and Planning  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Communication  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
|  |  |                           |  | Sum of Cognition Deficits Score   |  |                  |  |
| <b>Definition of Code for Behavior/Emotional Deficits</b>              |  |                           |  |   |  |                  |  |
| Absent   |  | Code Scale                |  | Definition of Code for Behavior/Emotional Deficits  |  | Code Scale       |  |
| Rarely   |  | 0                         |  | Frequently  |  | 3                |  |
| Occasionally   |  | 1                         |  | Daily   |  | 4                |  |
|  |  | 2                         |  | Hourly  |  | 5                |  |
| <b>Behavior/Emotional Deficits</b>                                     |  |                           |  |   |  |                  |  |
| Self-Injurious Behavior  |  | Behavior / Emotional Code |  | Multiplier  |  |                  |  |
| Comments:  |  |                           |  | Total   |  |                  |  |
| Hurtful to Others  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Destruction of Property  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Socially Offensive Behavior  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Wandering  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Withdrawal   |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
| Susceptibility to Victimization  |  |                           |  | X   |  |                  |  |
| Comments:  |  |                           |  | 1   |  |                  |  |
|  |  |                           |  | Sum of Behavior/Emotional Score   |  |                  |  |
|  |  |                           |  | Total Cognition, Cognition Deficits and Behavior/Emotional Scores   |  |                  |  |

|   |  |           |                |                         |  |   |        |       |       |
|---|--|-----------|----------------|-------------------------|--|---|--------|-------|-------|
| Customer Name   |  |           |                |                         | Date   |   |        |       |       |
|   |  |           |                |                         |  |   |        |       |       |
| <b>Activities of Daily Living</b>   |  | ADL Code  |                | Multiplier              |  |   |        | Total |       |
| Bathing   |  |           |                | X                       | 1  | = |        |       |       |
| Dressing  |  |           |                | X                       | 1  | = |        |       |       |
| Toileting   |  |           |                | X                       | 1  | = |        |       |       |
| Transferring  |  |           |                | X                       | 1  | = |        |       |       |
| Walking, Mobility   |  |           |                | X                       | 1  | = |        |       |       |
| Eating  |  |           |                | X                       | 1  | = |        |       |       |
|   |  |           |                | Sum of ADL scores       |  |   |        |       |       |
|   |  |           |                |                         |  |   |        |       |       |
| <b>Instrumental Activities of Daily Living</b>  |  | IADL Code |                | Multiplier              |  |   |        | Total |       |
| Meal Preparation  |  |           |                | X                       | 1  | = |        |       |       |
| Shopping  |  |           |                | X                       | 1  | = |        |       |       |
| Money Management  |  |           |                | X                       | 1  | = |        |       |       |
| Transportation  |  |           |                | X                       | 1  | = |        |       |       |
| Use of Telephone  |  |           |                | X                       | 1  | = |        |       |       |
| Laundry, Housekeeping   |  |           |                | X                       | 1  | = |        |       |       |
| Medication Management, Treatment  |  |           |                | X                       | 1  | = |        |       |       |
|   |  |           |                | Sum of IADL scores      |  |   |        |       |       |
|   |  |           |                |                         |  |   |        |       |       |
| <b>Bladder/Bowel Continence:</b> (code current performance for client)                    |  |           | Yes            | No                      | If customer has any difficulty in the continence category, enter 5 at total: |   |        |       |       |
| Continent ( <i>do not multiply out</i> )  |  |           |                |                         |  |   |        |       |       |
| Usually Continent   |  |           |                |                         |  |   |        |       |       |
| Occasionally Incontinent  |  |           |                |                         |  |   |        |       |       |
| Frequently Incontinent  |  |           |                |                         |  |   |        |       |       |
| Incontinent   |  |           |                |                         | Multiplier   |   | Weight |       | Total |
|   |  |           |                |                         | 1  | X | 5      | =     |       |
|   |  |           |                | Sum of Continence Score |  |   |        |       |       |
|   |  |           |                |                         |  |   |        |       |       |
| <b>Waiver Criteria</b><br>(All below must be Yes to meet TBI Threshold)                   |  |           | Meets Criteria |                         | Comments:  |   |        |       |       |
|   |  |           | Yes            | No                      |  |   |        |       |       |
| Age (between 16 and 65)   |  |           |                |                         |  |   |        |       |       |
| Risk of Placement in a TBI Rehabilitation Facility (explain)                              |  |           |                |                         |  |   |        |       |       |
| Traumatic Brain Injury Diagnosed<br>(Upload the diagnosis documentation.)                 |  |           |                |                         |  |   |        |       |       |
|   |  |           |                |                         | Meets Waiver Criteria  |   | Yes    | No    |       |
|   |  |           |                |                         |  |   |        |       |       |
| <b>Current or Recent Problems and Risks</b>   |  |           | Yes            | No                      | Comments:  |   |        |       |       |
| *If any of the below questions are marked as 'yes', a referral to APS or CPS is required. |  |           |                |                         |  |   |        |       |       |
| Does the customer have any current risk of self-neglect?                                  |  |           |                |                         |  |   |        |       |       |
| Does the customer have any current risk of abuse?   |  |           |                |                         |  |   |        |       |       |
| Does the customer have any current risk of neglect?                                       |  |           |                |                         |  |   |        |       |       |
| Does the customer have any current risk of exploitation?                                  |  |           |                |                         |  |   |        |       |       |
|   |  |           |                |                         | Referral Required and Completed  |   | Yes    | No    |       |
|   |  |           |                |                         |  |   |        |       |       |

|                                      |            |           |  |                  |  |        |
|--------------------------------------|------------|-----------|--|------------------|--|--------|
| Customer Name                        |            |           |  | Date             |  |        |
|                                      |            |           |  |                  |  |        |
| <b>Impairment:</b>                   | <b>Yes</b> | <b>No</b> |  | <b>Comments:</b> |  |        |
| Impaired Vision                      |            |           |  |                  |  |        |
| Impaired Hearing                     |            |           |  |                  |  |        |
|                                      |            |           |  |                  |  |        |
| <b>Totals</b>                        |            |           |  |                  |  |        |
| Score of Cognition Deficits          |            |           |  |                  |  |        |
| Score of Behavior/Emotional Deficits |            |           |  |                  |  |        |
| Score of ADL, IADL                   |            |           |  |                  |  |        |
| Score of Continence                  |            |           |  |                  |  |        |
| Met Waiver Criteria                  |            |           |  |                  |  | Yes No |
| <b>Total Score</b>                   |            |           |  |                  |  |        |
| Has the TBI Threshold been met?      |            |           |  |                  |  | Yes No |
|                                      |            |           |  |                  |  |        |
| Comments:                            |            |           |  |                  |  |        |
|                                      |            |           |  |                  |  |        |
|                                      |            |           |  |                  |  |        |



# Authorization for the Release of Information

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name of Customer and Customer ID #) (Name of agency/provider to disclose)

to release and/or share pertinent information in regards to my assessed level of care, services and/or case.

**1. Name of person(s), agency/organization(s) the information may be released to and/or obtained from:**

\_\_\_\_\_  
(Name of Party)

\_\_\_\_\_  
(Organization or affiliation to customer)

\_\_\_\_\_  
(Name of Party)

\_\_\_\_\_  
(Organization or affiliation to customer)

\_\_\_\_\_  
(Name of Party)

\_\_\_\_\_  
(Organization or affiliation to customer)

\_\_\_\_\_  
(Name of Party)

\_\_\_\_\_  
(Organization or affiliation to customer)

**2. Information to be released and/or shared:**

- ☐ Contact Information    ☐ Cognitive Status    ☐ Behavior Status    ☐ Level of Care Score
- ☐ Nutrition Status    ☐ Health Status    ☐ Environment    ☐ Finances
- ☐ Services Listed on my Plan of Care    ☐ Name and # of People Living in my Home
- ☐ Other (must be listed) \_\_\_\_\_
- ☐ Other (must be listed) \_\_\_\_\_

**The purpose of the Use or Disclosure:**

The Functional Assessment Instrument (FAI) is in compliance with the State & Federal regulations governing the Functional Eligibility requirements for Home and Community Based Service Waivers. The FAI is part of the functional eligibility process to receive a waiver service through a Managed Care Organization. The organization requesting this Release will not receive any financial or in-kind compensation in exchange for using or disclosing the health information described above.

**The Individual or the Individual's Representative must read and initial the following:**

\_\_\_\_\_  
(Initials) I understand that I may inspect or copy the protected health information to be used or disclosed under this authorization. I understand I may refuse to sign the authorization. I understand that the refusal to sign this authorization may mean that the use and/or disclosure described in this form will not be allowed.

\_\_\_\_\_  
(Initials) I understand this Release is valid for one year from today's date.

\_\_\_\_\_  
(Initials) I understand that I may revoke this Release at any time by notifying the providing organization in writing. It will not have an effect on actions that were taken prior to the revocation.

\_\_\_\_\_  
(Initials) I understand that once the uses and disclosures have been made pursuant to this authorization, the information released may be subject to re-disclosure by any recipient and will no longer be protected by federal privacy laws.

(SIGNATURE OPTIONS ON BACK PAGE)

**To revoke this consent, contact your Aging and Disability Resource Center/Area Agency on Aging at (    ) \_\_\_\_\_, or Kansas Department for Aging and Disability Services at 1-800-432-3535.**

**Distribution: Original in Customer File, Customer, Copy as appropriate**

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions, and my questions have been answered to my satisfaction. I authorize the use and disclosure of my protected health information for this research.

**1. SIGNATURE OPTION 1: PERSON CAPABLE OF SIGNING**

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Subject

**2. SIGNATURE OPTION 2: PERSON HAS DPOA OR GUARDIAN**

\_\_\_\_\_  
Printed Name of Subject

\_\_\_\_\_  
Signature of Parent /Guardian or Legally Authorized Representative or Subject

\_\_\_\_\_  
Date (must be same as Subject's)

\_\_\_\_\_  
Printed name of Parent / Guardian or Legally Authorized Representative of Subject

Describe relationship to subject including the legal authority this individual has to act on behalf of the subject.  
(Check one below)

- ☐ Parent  
☐ Medical Power of attorney/representative  
☐ Legal guardian  
☐ Health care surrogate  
☐ Other; specify \_\_\_\_\_  
\_\_\_\_\_

**3. SIGNATURE OPTION 3: PERSON UNABLE TO SIGN AND NO DPOA OR GUARDIAN**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (must be same as Subject's)

\_\_\_\_\_  
Printed name of Witness

Describe why a witness signature is required and the relationship to the Subject.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Functional Assessment Instrument Level of Care Score Outcome

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Customer Name (First and Last)

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Beneficiary Identification Number

Upon completion of the Functional Assessment Instrument (FAI), the customer's level of care score has:

\_\_\_\_\_ **Met** the Medicaid Waiver Threshold Criteria.

\_\_\_\_\_ **Not Met** the Medicaid Waiver Threshold Criteria.

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### *READ THE CUSTOMER RIGHTS AND RESPONSIBILITIES.*

**Right to Appeal:** You have the right to a fair hearing if you are dissatisfied with the decision made on your level of care score or feel there has been undue delay in acting on your application. You have the right to request a fair hearing if you disagree with the outcome of this functional assessment instrument.

If you want a fair hearing, you must submit a written request within 33 days of this notice. At the hearing, you will be given the opportunity to explain why you disagree with this notice. You may represent yourself or a household member, legal counsel, friend, relative, or other spokesperson may represent you. Failure to request a fair hearing within 33 days of this notice could adversely affect your rights.

### **A Written Request for a Fair Hearing should be sent to:**

Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, Kansas, 66612

**Rights and Responsibilities:** As a customer, you must cooperate in the annual review of your level of care and services, and any necessary evaluations and/or audits conducted by the Kansas Department for Aging and Disability Services. You have the same rights to available services provided to persons in your category of Medicaid eligibility. You have the right to equal treatment as other applicants/recipients who are in similar situations.

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My signature below indicates that I have been informed of my level of care score outcome based on my completed Functional Assessment Instrument and that I have been read my customer my rights and responsibilities.

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Customer or Authorized Representative Signature

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Date

---

Functional Assessor

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Date

**Civil Rights:** No person shall, on the grounds of race, color, national origin, age, disability, religion, or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of the Kansas Department for Aging and Disability Services and/or the Department of Children and Families. If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to the Department of Administration or the United States Department of Health and Human Services.